II	5	IRE	MAIN NORIVIA	EALTH OF MISSO	WRI				
FILED JUL &	1957	STAI	NDARD CERTII	FICATE OF DE	ATH	State	0 File No	15	81
BIRTH NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG. DI	ST. NO. 157	PRIMARY REG. DIST	. NO. 30	028 Regis	trar's No		139
I. PLACE OF DE	ATH	 -		1 2 USUAL RESIL	DENCE O	Vhone down d 11			
a. COUNTY Ja	sper			a. STATE Miss	ouri	b. COU	NTY Ja	s pe	r adinim
b. CITY (If outside corporate limits, write RURAL and give Co. LENGTH OF TOWN Carthage township)				c. CITY			d. Is Re a cit; Yes	stidence w	ithin limits of porated town? No
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or in 606 Orch	natitution, give	e street address or location)	STREET ADDRESS 606	(If rural,	sive location) ard	·	_ _	443
3. NAME OF DECEASED (Type or Print)	a. (First) ELIZA		b. (Middle)	c. (Last) PEMBERT	ON	4. DATE OF Ju	(Month)	(Day) (Year) 1957
female 5. SEX 3 6.	color or race Ne gro	7. MARRIE Never	ED, NEVER MARRIED. D ED. DIVORCED (Boodin)	1	1902	9. AGE (In year last birthday)		— <u> </u>	F UNDER 24 Hours M
10a. USUAL OCCUPATION of the Company	19b. KIND OF BUSINESS OR IN- DUSTRY		11. BIRTHPLACE (City and State or Fo Carthage, Missour		e or Foreign Coun	'			
13a. FATHER'S NAME		13	b. MOTHER'S MAIDEN	NAME		E OF HUSBAND			
Charley Pemberton Lizzi			Lizzie Emer		None			-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yea, no. or unknown) (If yea, give war or dates of service) NO.			17. INFORMANT	rs. Oscar Irving,606 Orchard, Carth					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!	ONDITION ING TO DEAT	MEDICAL C	ertification	ru			INTE	RVAL BETWEET AND DEAT
*This does not mean	ANTECEDENT CA	USES		LOFT. U	~/	•		1	1
the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid conditions, rise to the above ca the underlying caus	, if any, givin use (a) statin se last.	DUE TO (b)	44 Dunes	arx	ases	• • •	-	<u> </u>
as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	II. OTHER SIGNIF Conditions contribu	se last. ICANT CONS uting to the deservices or condition	DUE TO (c) DITIONS eath but not a causing death.		arx	ases	-		l
as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION	11. OTHER SIGNIF Conditions contributions to the disease 19b. MAJOR FIND	SICANT CONT uting to the do se or condition DINGS OF OF	DUE TO (c) DITIONS at the but not a causing death. PERATION	Pancer	arx	ases 171	'X	20. AL	JTOPSY? &
as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION NOUR 56 21a. ACCIDENT SUICIDE HOMICIDE	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR FIND (Bpecily)	TICANT CONTUINING TO THE CONTUINING OF CONTU	DUE TO (c) DITIONS eath but not a causing death.	Cancer 21c. (CITY, TOWN, OR	TOWNSHIP	171 (col	X UNTY)	YES	
as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 19a. DATE OF OPERATION NOUR SOLUTION 21a. ACCIDENTI SUICIDE	II. OTHER SIGNIF Conditions contribing related to the disease and the disease	CICANT CONT uting to the de- te or condition DINGS OF OF CIDALACE OF COMMITTEE (According to the condition) 21e WHI	DUE TO (c) DITIONS cath but not a causing death. PERATION FINJURY (s. i. in or about	Pauces 21c. (CITY, TOWN, OR 21f. HOW DID INJURY		171 (COL	X	YES	No [
as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION ROLL TION SUICIDE HOMICIDE 21d. TIME (Month) OF	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR FIND Repetity) (Bpecity) (Day) (Year) (Hear) that I gifended the	CICANT CONI Liting to the de- le or condition DINGS OF OF DID ALACE OF DOMESTRY, fact WHI W. L. deceased	DUE TO (c) DITIONS eath but not a causing death. PERATION FINJURY (s.e., in or about tory, street, office bidg., etc.) INJURY OCCURRED LEAT NOT WHILE ORK ALWORK	21f. HOW DID INJURY	occur?	D , 19 .5 7 , th	at I las	YES	(STATE)
as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby catify to align on the cause of the cause of the catify to align on the catific to align on the c	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR FIND (Bpecity) (Day) (Year) (B	CICANT CONI uting to the de- te or condition INGS OF OF CIDAL ACE OF COMMITTEE, fact Hour) 21e WHI W COMMITTEE, fact A deceased A, and the	DUE TO (c) DITIONS rath but not a causing death. PERATION FINJURY (s.g., in or about tory, street, office bidg., etc.) INJURY OCCURRED LEAT NOT WHILE ALWORK ALWORK ALWORK I death occurred at the company of the co	21f. HOW DID INJURY 1956, to 35 am., for the contract of the	occuri	D , 19 57 , th and on the da	at I last	t saw t above 23c. D 7-1	(STATE)
as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION ROLL SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby cartify the alignment of the caused death.	the underlying cause II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR FIND (Bpsclty) (Day) (Year) (Baselly) And I affended the selection of the selection	CICANT CONI wing to the deep or condition INGS OF OF CIDAL ACE OF COMMENT TIME, fact WHITE M. WHITE M. WHITE M. ACE OF C. And the	DUE TO (c) DITIONS eath but not a causing death. PERATION FINJURY S.g., in or about tory, street, office bidg., etc.) INJURY OCCURRED LEAT NOT WHILE ATWORK ATWORK ATWORK I AT WORK I death occurred ap. (Degree or title)	21f. HOW DID INJURY 1956, to 35 am., for the graph of t	occuri the causes of Misso 24d. Locati	0, 19 57 , the and on the da	at I lass te stated	t saw t above 23c. D 7-1	NO (STATE) he decease
as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby catify to align on the cause of the cause of the catify to align on the catific to align on the c	II. OTHER SIGNIF Conditions contributed to the disease 19b. MAJOR FIND B. (Baselly) (Baselly) (Day) (Year) (Baselly) 24d DATE 7-3-5 REGISTBAR'S SIG	CICANT CONT Ming to the de- te or condition CICANT CONT Ming to the de- te or condition CICANT CONT MINGS OF OF CICANT CONT MINGS OF OF MINGS OF MINGS OF MINGS OF	DUE TO (c) DITIONS rath but not a causing death. PERATION FINJURY (s in or about tory, atreet, office bidg., etc.) INJURY OCCURRED NOT WHILE AT WORK AT WORK I death occurred at the control of th	21f. HOW DID INJURY 1956, to 35 am., for the graph of t	Misso	2, 1957, the and on the da ourion (City, town 12ge, Mi	at I lassite states	t saw t above 23c. D 7-1	No (STATE) he decease ATE SIGNER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision...

Signature of Student Embalmer

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Licensed Embalmer No. 444

P. O. Address Carthage.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.